

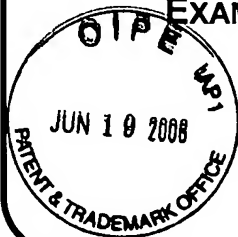
06-21-06

RCE *Handwritten*

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number	10/814,845
Filing Date	March 30, 2004
First Named Inventor	Peter E. Hart
Group Art Unit	2624
Examiner Name	James A. Thompson
Attorney Docket Number	20412-08457

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-entitled application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. SUBMISSION REQUIRED UNDER 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

06/22/2006 WASFAW1 00000045 10814845

01 FC:1801

790.00 0P

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☒ Return Postcard
- c. ☐ Other _____

3. Fees

The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 19-2555 during the pendency of this application
- ☒ Fee Transmittal Enclosed (in duplicate)
- ☒ Check in the amount of \$790.00 enclosed

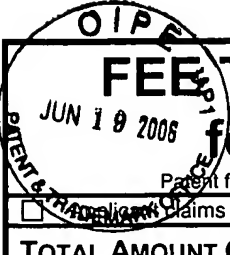
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Brenda Simon	Registration No. (Attorney/Agent)	48,449
Signature	<i>Brenda M. Simon</i>	Date	6/19/06


CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, or if the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on:

Name (Print/Type)	Brenda Simon	Registration No. (Attorney/Agent)	48,449
Signature	<i>Brenda M. Simon</i>	Date	6/19/06
Express Mail No.	EV542644861US		

 <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2006</h2> <p style="font-size: small;">Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Small entity status. See 37 CFR 1.27</p>	Complete if Known	
	Application Number	10/814,845
	Filing Date	March 30, 2004
	First Named Inventor	Peter E. Hart
	Examiner Name	James A. Thompson
Art Unit	2624	
TOTAL AMOUNT OF PAYMENT (\$)		790
Attorney Docket No.		20412-08457

<h3 style="margin: 0;">METHOD OF PAYMENT (check all that apply)</h3> <p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input checked="" type="checkbox"/> Deposit Account: </p> <p> Deposit Account Number: 19-2555 Deposit Account Name: Fenwick & West LLP </p> <p> The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <h3 style="margin: 0;">FEE CALCULATION</h3> <div style="border: 1px solid black; padding: 5px;"> <h4 style="margin: 0;">1. 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SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	Brenda Simon	Registration No. (Attorney/Agent)	48,449	Telephone 650.335.7198
Signature			Date	6/19/06